



Department of  
**Children's Services**

# Storyboard

## Invoicing for ICD-10

This storyboard demonstrates how to invoice for ICD-10.

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## Invoicing for ICD-10

From **Financial** tab select the **Payment** tab

- Click **Payment/Billing Request Search**
- **Pay Begin:** Applicable date
- **Pay End:** Applicable date
- Click **Search**

**Note:** Continue to do your search as usual; the above search is for this storyboard demonstration

Payment/Billing Request Search Results are displayed

- Click **Create Roster**

Payment/Billing Request Search Results

Payee/Resource ID	Region	Person	Auth Number	Edison ID	Service	Payment Type	Cost	Payable Units	Pay Begin/End	Total
	Smoky Mountain Region		146		Level 2 Continuum	Warrant	\$106.00	30	06/01/2015 06/30/2015	\$3,180.00
	Northeast Region		1		Level 2 Continuum	Warrant	\$106.00	30	06/01/2015 06/30/2015	\$3,180.00

- **Roster Name:** Enter Applicable information
- Click **Save**

Create Roster

Select Category:

OR

Roster Category:

Roster Name:

Save Cancel

Continue to the next sub topic

## Payment/Billing Request Roster

### Financial Tab to Payment Tab

- Click **Payment/Billing Request Roster**
- **Worker:** Select applicable person from dropdown
- **Roster Name:** Select applicable roster from dropdown
- Click **Search**

Payment/Billing Request Roster Search displays below

The **ICD Code** column is displayed with a code. If the word Missing is displayed, a monthly summary hasn't been entered.

**Note:** When you change the ICD Code on the Payment Roster, the associated Monthly Summary will also update only if the Monthly Summary is in a Draft Status

- Click **Select**

#	Payee	Region	Person	Service / Auth #	Unit Cost	Payable Units	Pay Begin / End	ICD Code	Invoice#	Total	Apv
1		Smoky Mountain Region		Level 2 Continuum / 14	\$106.00	30	06/01/2015 06/30/2015	2022	0000	\$3,180.00	No
							Roster Total:			\$3,180.00	
							Approved Total:			\$0.00	
							Adjusted Total:			\$0.00	

Continue to the next sub topic

## Provider Information and entering ICD Code

- Enter **Invoice Number**
- Enter **Invoice Date**
- **ICD Code:** Click **Search**

The screenshot shows the 'Provider Information' and 'Service Authorization Details' sections of the TFACTS interface. In the 'Provider Information' section, the 'Invoice Number' and 'Invoice Date' fields are highlighted with red boxes. Below them, the 'ICD Code' field is also highlighted with a red box, and the 'Search' button is visible. The 'Service Authorization Details' section shows a table with columns for Person ID, Client Name, Resource Name, Service Description, Status, Begin Date, and End Date. The 'Service Information' section on the right displays various costs and a total amount of \$3,180.00.

- **ICD Code:** Enter applicable code
- Click **Search**
- Highlight the applicable row
- Click **Choose**

The screenshot shows the 'ICD Search Criteria' and 'ICD Search Results' sections. In the 'ICD Search Criteria' section, the 'ICD Code' field is highlighted with a red box. Below it, the 'Search' button is visible. In the 'ICD Search Results' section, a table lists various ICD codes and descriptions. The row for 'F060 Psychotic disorder with hallucinations due to known physiological condition' is highlighted in orange. At the bottom of the results section, the 'Choose' button is highlighted with a red box.

Continue to next sub topic

A pop-up will display. “Are you sure you wish to link this ICD Code”? If it is correct, click **OK**.

If it's not, click Cancel



The **ICD Code** is displayed

- Click **Save**

Home Case Resource **Financial** Administration Payment

Payment Request 1 Fiscal Work Request Date: 07/21/2015 Organization

Provider Information

Payee: Payee ID: 99153 [Link Resource](#)

Invoice Number: Invoice Date: 07/29/2015

Vendor Number: 000009006 IMAIN Service Provider / Resource ID:

**ICD Code: F060** [search](#) ICD Description: Psychotic disorder with hallucinations due to known physiological condition

Case Person Information

Case: Case ID: 27 [Link Person](#)

Person: Person ID: 71

Caseworker: Authorization Number: 14

Service Authorization Details

Person ID	Client Name	Resource Name	Service Description	Status	Begin Date	End Date
			Level 2 Continuum	Approved	10/06/2014	

[Link Service Authorization](#)

Service Information

Service Category: \* Placement

Service Type: \* Level 2 Continuum

Service Description: \* Level 2 Continuum

Responsible Fiscal Region: \* Smoky Mountain Region

Fiscal County: \* Hamblen

Payment Type: \* Warrant

Pay Date: Authority Number: 0000000000000000000042713

Payment Start Date: \* 06/01/2015 Warrant Number:

Payment End Date: \* 06/30/2015

Payment Status: Put On Roster Disbursement Roster Name:

Roster Name: Kim-Test 2 Roster Created By:

Purchase Order: Units: 30

Description:

Standard Cost: \$3,180.00

Add on Cost: \$0.00

Other Per Diem Costs: \$0.00

Basic Cost: 0.00

[Calculate](#)

Total Amount: \$3,180.00

Justification:

[Spell Check](#) [Clear](#) [8000](#)

[Spell Check](#) [Clear](#) [4000](#)

[Apply](#) [Save](#) [Cancel](#) [Delete](#)

Continue to next sub topic

The Payment/Billing Request Roster Search with the ICD Code is now displayed.

Home Case Resource Financial Administration **Payment** | help |

Payment Request Processing  
Payment/Billing Requests Search  
➤ **Payment/Billing Requests Roster**  
Data History Search

Your data has been saved. [close confirmation](#)

Organization: \_\_\_\_\_

Payment/Billing Request Roster Search Criteria

☒ Non-Approved Rosters only  
☐ Approved Rosters only Roster Approval Date (MM/YYYY): \_\_\_\_\_

[Filter Worker](#)

Worker: \* \_\_\_\_\_ Roster Name: \* /Kim-Test 2

Sort Results By: \_\_\_\_\_

[Search](#) [Clear Form](#)

Payment/Billing Request Roster Search  
Result(s) 1 to 2 of 2

	Payee	Region	Person	Service / Auth #	Unit Cost	Payable Units	Pay Begin / End	ICD Code	Invoice#	Total	Apv	
#	<a href="#">select</a>	Smoky Mountain Region	<a href="#">Good</a>	Level 2 Continuum / 1-	\$106.00	30	06/01/2015 06/30/2015	<b>F060</b>	GoodHun	\$3,180.00	No	<a href="#">remove</a>
#	<a href="#">select</a>	TN Valley Region	<a href="#">Ogle</a>	Primary Treatment Center (PTC) / 14	\$153.67	30	06/01/2015 06/30/2015	Missing		\$4,610.10	No	<a href="#">remove</a>
Roster Total:										\$7,790.10		
Approved Total:										\$0.00		
Adjusted Total:										\$0.00		

[Update Units](#) [Approve Payment](#)

[Append to Roster](#) [Export](#) Option: \_\_\_\_\_ [Go](#)

In addition to the ICD Code displaying it allows you to view the description of the code

- Click on applicable displayed code

Home Case Resource Financial Administration **Payment** | help |

Payment Request Processing  
Payment/Billing Requests Search  
➤ **Payment/Billing Requests Roster**  
Data History Search

Organization: \_\_\_\_\_

Payment/Billing Request Roster Search Criteria

☒ Non-Approved Rosters only  
☐ Approved Rosters only Roster Approval Date (MM/YYYY): \_\_\_\_\_

[Filter Worker](#)

Worker: \* \_\_\_\_\_ Roster Name: \* /Kim-Test 2

Sort Results By: \_\_\_\_\_

[Search](#) [Clear Form](#)

Payment/Billing Request Roster Search  
Result(s) 1 to 2 of 2

	Payee	Region	Person	Service / Auth #	Unit Cost	Payable Units	Pay Begin / End	ICD Code	Invoice#	Total	Apv	
#	<a href="#">select</a>	Smoky Mountain Region	<a href="#">Good</a>	Level 2 Continuum /	\$106.00	30	06/01/2015 06/30/2015	<b>F060</b>	GoodHun	\$3,180.00	No	<a href="#">remove</a>

ICD Code Detail is shown. Click **Close** to go back to previous screen

ICD Code Detail | help |

ICD Type Code: ICD-10

ICD Code: F060

ICD Description: Psychotic disorder with hallucinations due to known physiological condition

For DCS Use: ☒

[Close](#)

Continue to next sub topic

- Click **Approve Payment**

Home Case Resource **Financial** Administration Payment [help](#)

Payment Request Processing  
Payment/Billing Requests Search  
➔ **Payment/Billing Requests Roster**  
Data History Search

Organization:

Payment/Billing Request Roster Search Criteria  
☒ Non-Approved Rosters only  
☐ Approved Rosters only Roster Approval Date (MM/YYYY):

[Filter Worker](#)

Worker: \*  Roster Name: \*

Sort Results By:

[Search](#) [Clear Form](#)

Payment/Billing Request Roster Search  
Result(s) 1 to 2 of 2

#	Payee	Region	Person	Service / Auth #	Unit Cost	Payable Units	Pay Begin / End	ICD Code	Invoice#	Total	Appr	
1	<a href="#">select</a>	Smoky Mountain Region		Level 2 Continuum / 1	\$106.00	30	06/01/2015 06/30/2015	5000	Gookun	\$3,180.00	No	<a href="#">remove</a>
2	<a href="#">select</a>	TN Valley Region		Primary Treatment Center (PTC) / 14	\$153.67	30	06/01/2015 06/30/2015	Missing		\$4,610.10	No	<a href="#">remove</a>
Roster Total:										\$7,790.10		
Approved Total:										\$0.00		
Adjusted Total:										\$0.00		

[Update Units](#) [Approve Payment](#)

[Append to Roster](#) [Export](#) Option:  [Go](#)

## Approve Payment Requests

### Check Approve

- Click **Save**

Home Case Resource **Financial** Administration Payment [help](#)

Financial > Payment > Payment/Billing Requests Roster

Organization:  Worker:

Roster Category/Name:

Approve Payment Requests  
Result(s) 1 to 2 of 2

Payee	Person	Service	Unit Cost	Payable Units	Pay Begin / End	Total	Approve
		Level 2 Continuum	\$106.00	30	06/01/2015 06/30/2015	\$3,180.00	<input checked="" type="checkbox"/>
		Primary Treatment Center (PTC)	\$153.67	30	06/01/2015 06/30/2015	\$4,610.10	<input checked="" type="checkbox"/>

[Apply](#) [Save](#) [Cancel](#)

Continue to next sub topic

## TFACTS Storyboard • Demonstrates how to invoice for ICD-10

- **Option:** Select Approve Roster from dropdown
- Click **Go**

Home Case Resource **Financial** Administration Payment

Payment Request Processing  
Payment/Billing Requests Search  
▶ **Payment/Billing Requests Roster**  
Data History Search

**Your data has been saved.** [close confirmation](#)

Organization:

Payment/Billing Request Roster Search Criteria

☒ Non-Approved Rosters only  
☐ Approved Rosters only Roster Approval Date (MM/YYYY):

[Filter Worker](#)

Worker: \*  Roster Name: \*

Sort Results By:

[Search](#) [Clear Form](#)

Payment/Billing Request Roster Search  
Result(s) 1 to 2 of 2 Page 1 of 1

	Payee	Region	Person	Service / Auth #	Unit Cost	Payable Units	Pay Begin / End	ICD Code	Invoice#	Total	Apvr
<input checked="" type="checkbox"/>	<a href="#">select</a>	Smoky Mountain Region		Level 2 Continuum /	\$106.00	30	06/01/2015 06/30/2015	P560	GoodHun	\$3,180.00	Yes
<input checked="" type="checkbox"/>	<a href="#">select</a>	TN Valley Region		Primary Treatment Center (PTC) / 14	\$153.67	30	06/01/2015 06/30/2015	P560	feld	\$4,610.10	Yes
							<b>Roster Total:</b>	<b>\$7,790.10</b>			
							<b>Approved Total:</b>	<b>\$7,790.10</b>			
							<b>Adjusted Total:</b>	<b>\$0.00</b>			

[Update Units](#) [Approve Payment](#)

[Append to Roster](#) [Export](#)

Option:  Approve Roster

Message will display- By clicking **OK** you agree that the codes entered to your knowledge are accurate

Home Case Resource **Financial** Administration Payment

Payment Request Processing  
Payment/Billing Requests Search  
▶ **Payment/Billing Requests Roster**  
Data History Search

**Your data has been saved.** [close confirmation](#)

Organization:

Payment/Billing Request Roster Search Criteria

☒ Non-Approved Rosters only  
☐ Approved Rosters only Roster Approval Date (MM/YYYY):

[Filter Worker](#)

Worker: \*  Roster Name: \*

Sort Results By:

[Search](#) [Clear Form](#)

Payment/Billing Request Roster Search  
Result(s) 1 to 2 of 2 Page 1 of 1

	Payee	Region	Person	Service / Auth #	Unit Cost	Payable Units	Pay Begin / End	ICD Code	Invoice#	Total	Apvr
<input checked="" type="checkbox"/>	<a href="#">select</a>	Smoky Mountain Region		Level 2 Continuum /	\$106.00	30	06/01/2015 06/30/2015	P560	GoodHun	\$3,180.00	Yes
<input checked="" type="checkbox"/>	<a href="#">select</a>	TN Valley Region		Primary Treatment Center (PTC) / 14	\$153.67	30	06/01/2015 06/30/2015	P560	feld	\$4,610.10	Yes
							<b>Roster Total:</b>	<b>\$7,790.10</b>			
							<b>Approved Total:</b>	<b>\$7,790.10</b>			
							<b>Adjusted Total:</b>	<b>\$0.00</b>			

[Update Units](#) [Approve Payment](#)

[Append to Roster](#) [Export](#)

Option:  Approve Roster

The page at https://uat.tfacts.tn.gov says:

I agree to submit this application by electronic means. By clicking the OK button, I certify that I have examined the accompanying electronically filed information for accuracy as to provider information, services rendered, and diagnostic codes. To the best of my knowledge and belief, the information submitted is true, correct, and complete in accordance with the Centers for Medicare and Medicaid Services (CMS) ICD-10 instructions. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this report were provided in compliance with such laws and regulations. I acknowledge that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.

Continue to next sub topic



## Process Approval

- **Action:** Review and Route
- **Organization Category:** Central Office
- **Organization:** DCS Central Office
- **Team:** Fiscal Team – DCS Central Office
- **Reviewer/Approvers:** Select Fahim, Mohsen L
- Click **Save**

Home > Approvals

Process Approval

Work Item

ID:	152108	Type:	PAYMENTROSTER	Reference:	Kim-Test 2
Task ID:	152108	Task Type:	Payment Roster	Task Reference:	

Action: Review and Route Immediate ☐

Comments:

Spell Check Clear 2000

Organization Category: Central Office

Organization: DCS Central Office

Team: Fiscal Team - DCS Central Office

Reviewers/Approvers: Fahim, Mohsen L

Routing/Approval History

Date	Action	From	To	Status
No Records Found!				

0 Result(s)

Save Cancel

**Note:** When DCS Central Office approves a payment roster, if the Monthly Summary associated with the payment record was in the status of:

- **No Monthly Summary present**, then the Monthly Summary auto-generates with a Narrative Needed status
- **Draft** then generates to a Narrative Needed status
- **Completed** then the status doesn't change

\*If there is no payment, contact your FCCR\*

**You have completed this storyboard**